

PART B - FEE(S) TRANSMITTAL

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55714 7590 08/12/2009

ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION
Legal Department
One St. Jude Medical Drive
St. Paul, MN 55117-9913

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/706,484

11/12/2003

Graydon Ernest Beatty

1125

7593

TITLE OF INVENTION: ENDOCARDIAL MAPPING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$0

\$0

\$1510

11/12/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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COHEN, LEE S

3739

600-374000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1	
2	
3	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Jude Medical, Atrial Fibrillation Division, Inc.

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /John M. Berns/

Date 17 August 2009

Typed or printed name John M. Berns

Registration No. 43496

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